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ORIGINAL ARTICLES.

Cases from a Country Doctor's Diary.

BY H. M. OCHILTREE, M.D., HADDAM, KAS.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

Case I—June 11, 1896, was called to see Mr. M., aged 64, who was suffering from complete retention of urine. He was of medium size, in fair flesh, and well preserved for a man of his age. His pulse was rapid, temperature 100°, and there was great discomfort in hypogastric region. I found the bladder greatly distended, reaching almost to the umbilicus.

A neighboring physician had been called the night previous, had attempted catheterismus and failed. I found the urethra so tender and irritable that I could not introduce a catheter, and desisted after a careful attempt. I shaved and cleaned the pubes, and withdrew a large quantity of urine by aspiration. The patient lived so far from any physician that he could only be aspirated but once daily. This I kept up for ten days, during which time an occasional and careful attempt was made to introduce a catheter, but without success until the tenth day following the first aspiration, when one was introduced and retained for a few days. During the next two month the catheter was used by an attendant three times daily.

During the ten days of aspiration there was but slight elevation of temperature, no appetite and considerable stupor. The elmination of urine was assisted by proper attention to skin and bowels. During the two months of catheterismus he remained in bed without fever but debilitated, the appetite remaining poor. Several bottles of sanmetto were given, but without any appreciable effect on his urinary organs.

Tonics and nutritious food were given, and the hygienic surroundings of the patient made as good as possible under the circumstances.

During catheterism the bladder was free from inflammation, but epididymitus developed, the inflammation extending to the left testicle, forming a tumor of considerable size, which subsided in due time, leaving the testicle normal in size.

The patient had been suffering for several years from increased frequency of micturition; and for a year the stream had but little force, due to loss of power of the bladder and the swelling of the prostate. He had frequent attacks of indigestion, and had for some time been suffering from polyuria. The urine was of low specific gravity, and free from albumen and sugar. Examination per rectum showed but little diminution of the enlargement of prostate after several weeks treatment.

No cause of his disease could be discovered, except the predisposing one of age. Patient never had syphilis or gonorrhœa, had never indulged in sexual excesses, and had always lived a temperate life.

Castration was finally decided upon as the best means of relief. The wife concurring, I performed this operation two weeks after the commencement of complete retention of urine. The pubes and scrotum were shaved, thoroughly cleansed, and patient anesthetized. The integument was divided from near the external ring well down to the bottom of the scrotum. The spermatic cords were divided high up, the arteries tied with stout silk, and threads cut short. The testes were removed, iodoform gauze rolled in

rubber tissue placed in the bottom of the wound, which was closed and dressed antiseptically. An uneventful recovery was made. The catheter was entirely dispensed with in six weeks following the operation, and complete control was obtained over the bladder, urination being performed naturally. The patient regained his former health.

A few months after the operation inquiry was made in regard to his sexual appetite, and the reply was that sexual desire remained, erections were strong, and that intercourse with his wife had been satisfactorily accomplished.

Case II—J. W., aged 29, a robust farmer, called at my office and stated that the day before he had a severe chill, pain in his left side and fever. Temperature was 102, pulse 100, respiration 20, tongue coated. Physical examination of chest revealed friction rub in left side, and diminished respiratory murmur over left lung. Ordered symptomatic treatment. Was called to see him two days following, and found considerable effusion in left side, general symptoms about the same as when I first examined him. Symptomatic treatment continued. Eight days following the chill the effusion was so large that I decided to aspirate, although his symptoms were not urgent, and remove a part of the accumulated fluid. This was accordingly done, and three and one-half pints of clear serum removed. He did not complain during the aspiration of pain or constriction of the chest, did not cough, and the fluid was running freely when I stopped. This operation was followed by a lowered temperature, and improvement in the symptoms.

Four days following the first aspiration the accumulation of fluid was again such as to justify another operation, and I withdrew four pints more of the same kind of fluid. A severe proxmy of coughing coming on I stopped while the fluid was still running freely. The remainder was rapidly absorbed, and seven days following the second aspiration the temperature was normal, and patient convalescent. Altogether seven and one-half pints of fluid were withdrawn. The duration of the disease from the initial chill until apyrexia was nineteen days.

My authorities say that "In general the duration of simple pleurisy with effusion, running a fairly favorable course, is at least four to six weeks." This case recovered sooner and more satisfactory than any case of pleurisy with a considerable effusion that I ever before treated.

It has heretofore been my custom (and I believe this course is generally pursued) to assist nature to remove pleural effusions when the symptoms were not too urgent, by the various methods of witholding water, purgation, counter irritation with tincture of iodine, and giving the highly respectable prescription of iodide of potash, etc. In many cases under this treatment the recovery was slow, and, while general results were good, I believe that early aspirations will accomplish better results, and should supplant the slower methods of removal of nervous accumulations of any considerable amount within the pleural cavity.

Case III—In the month of September, 1895, I was called in consultation to see a young girl who was said to be suffering from fits, and who was having one when I entered the room. The spasm involved her whole body, opisthotonous being maintained for a considerable time. The girl was just past 14 years old, well developed, first menstruation coming on when only 11 years of age, quite fleshy, weighing 150 pounds.

During her spasms consciousness was impaired, and at times appeared to be entirely suspended. She did not bite her tongue during a paroxysm. She did not postpone her convulsions, at least all of them, to a convenient occasion, as is usually the case with hysterical subjects, but had them in the night time, and would frequently be found by her mother lying in the middle of the floor in a severe spasm.

Her convulsions could be divided into four periods common to hysteria-epilepsy:

1st. The epileptoid, the patient suddenly falling down, face pale, features distorted, tonic spasms affecting the whole body, followed by clonic, and a period of relaxation.

In the second period opisthotonous, and

various extraordinary positions as rapid flexion and extension of the trunk were assumed.

In the third and fourth periods characterized by delirium and hallucinations the emotions were called into plav, the patient expressing happiness or sadness according to the delusion present, returning gradually to a normal state.

Firm pressure over the ovaries during the attack would cause relaxation and return of consciousness to be followed by relapse into previous condition on removal of pressure.

She was of a nervous temperament, had always passed an abundance of pale urine, and suffered early from minor manifestations of hysteria, but never had a pronounced convulsion until the latter part of her thirteenth year. From that time on the hysterical manifestations were of a pronounced type; the patient having frequent and severe convulsions, and between the severe attacks were numerous minor spells. She occasionally passed a stone into her vagina, claiming that they came from her urethra while urinating. Her mother described her pain during these attacks of gravel as agonizing.

In seeking for a cause of her disease, heredity played an important part, as her parents were both neurotic and scrofulous. She was reared in the country where there is no excitement or dissipation, and there was no psychic influence as fear, jealousy, love, disappointment, anxiety or remorse to account for her spasms. She had no disease of uterus, but complained at times of severe dysmenorrhœa, which I believe to have been entirely of nervous origin Masturbation was suspected, but she strenuously denied that she had ever committed the act, and did not present any symptoms of that habit. There were some corneal opacities, the result of chronic conjunctivitis when a child. They covered a part of both pupils, causing myopia, and greatly interfered with vision. She had a pair of glasses fitted to her eyes which improved her vision, but did not remedy her nervous trouble.

The hysterogenic zones in this case were found to be chiefly in the left ovarian region, and also in the back of the neck. She asserted that she was never free from pain over the left ovary, but that the pain in the back of her neck would temporarily disappear.

After being treated by different physicians the patient finally came under my care, and the whole gamut of remedies for hysteria were run over by the different doctors in the attempt to control her spasms.

During severe paroxysms inhalations of chloroform were most beneficial in controling them.

She was treated with chloral, bromides, assafœtida, valerian, electricity, and severe counter irritation over left ovary and back of neck.

Uterine treatment was resorted to, not because of disease of uterus, but for its psychic effect, the patient having her mind centered on the organs. The effect, like all the methods of treatment resorted to, was only temporarily beneficial. The patient took a much desired visit into a neighboring State, hoping to be benefitted, but received none. She did not receive an undue amount of sympathy from parents or friends, and they were carefully instructed in the methods of moral restraint.

I gained her confidence, and encouraged her by normal suggestions to exercise will power and self control regarding her symptoms, and every means were tried to cultivate a restraining mental influence.

Before the case came under my care removal of the ovaries had been suggested to the parents and patient. I opposed this so vigorously that the idea was apparently eliminated from their minds, but that this suggestion was dominating during the entire period of my treatment will appear.

Medicinal treatment and moral restraint failing to relieve the patient, and authorities justifying Battey's operation for severe cases of hystero epilepsy, I suggested to the mother one day, while she was in a state of apparent coma from one of her attacks, that I believed this operation would be advisable as a last resort in her daughter's case. She readily concurred. At the mere mention of an operation the patient evinced

consciousness, and upon asking her if she heard the conversation which passed between her mother and myself she said she "heard something said about an operation." I then asked her if she would be willing to submit to one, and she remarked that she would never recover until it was done.

I called a consulting physician who counseled removal of the ovaries, and immediate preparations were made for the same, the parents and patient assisting with a degree of interest which showed that it was a long wished for event. I really believe the patient looked forward to the eventful day with considerable pleasure.

Eighteen months from commencement of active treatment I removed the ovaries and appendages. The patient made an uneventful and quick recovery. The usual distressing nausea present in most cases following this operation was absent. The urine was passed voluntarily, the bowels were easily moved, pain gave no special inconvenience, the appetite soon returned, she was satisfied, apparently happy, and quiet once more reigned in the country home, where for so long a time the demoniacal possession of tumultuous hysteria had caused long vigils, and painful anxiety of mind to family and friends.

Almost a year has elapsed since the operation, the patient being so much benefitted mentally that she was again able to return to society, and to pursue her studies in school. Time alone will show how permanent the beneficial effect will be. There has as yet been no return of the convulsions, and but few manifestations of hysteria, the one of most interest being an hysterical amaugosis lasting one week, which was cured by normal suggestion to the patient through her mother. I do not think this trouble would have occurred had she not attempted to keep up her studies in school without her glasses, which were broken and sent off for repairs.

I omitted to state that the ovaries and appendages were healthy, with the exception of two or three small cysts about the size of a navy bean on each broad ligament.

While in my opinion these are good reasons for justifying Battey's operation in this case, I think that asexualization in cases of this kind would be justifyable alone as a humane and restrictive measure to prevent the propagation of a posterity to suffer physically and morally from the dire consequences of inherited nervous maladies.

Case IV—While visiting a patient in the country I was asked to call on his tenant's wife, an entire stranger to me, and bandage a crippled foot for her. I was introduced to a woman of about 40 years of age, rather delicate in appearance, and of a nervous temperament.

She remarked that they were unable to pay much for medical services, and wanted to know what my charges would be for teaching her how to bandage her foot properly. I assured her that I would be glad to perform such a small service free of charge. She then handed me an unrolled bandage, which I prepared while she was immersing her left foot in warm water. I expected to find the foot swollen somewhat at least, but as it did not present any objective appearance of disease, I took hold of it, and she immediately cried out as if in severe pain.

I then asked for a history of her case, and she said that about one year before a severe pain suddenly, and without any apparent cause, started in her instep which darted forward to the ball of her foot followed by swelling. Physicians were called; one treating the affection for awhile for erysipelas, and relief not being obtained another one was called who pronounced the affection periostitis, and after a course of treatment finally recommended local applications to the foot and bandaging. She was attempting to carry out these instructions, but as the bandages gave pain she wanted to learn how to apply them so they would not hurt her. I found the limb one inch smaller than the other in circumference. The ankle and toe joints paralyzed. Knee flexed, caused by keeping the foot constantly off the floor, but knee joint movable.

She moved about only on crutches, which she had used for eight months. Her family history was good. She menstruated reg-

ularly without pain, had two healthy children, had a fair appetite, and performed considerable household work. She had two hysterogenic zones, one over the left ovary, and one in the back of the neck.

Recognizing the nature of her malady I determined to apply normal suggestion. No attempt was made to hypnotize the patient, or to prepare her mind for an unexpected event, and I did not look steadfastly at her. The first suggestion was that the bandages were injurious, therefore unnecessary, and should not be applied. To this the patient agreed.

The second suggestion was that I could cure her.

The third that I would cure her now.

She expressed an ardent desire for relief. Realizing in her answer that the supreme moment had arrived to apply the successful suggestion, I took her by the hand, and in the fourth suggestion earnestly and confidently told her to arise and walk. She obeyed, and I led her about the room.

The fifth suggestion was to walk alone. She obeyed, opened the door, walked about the yard to show her friends what she could do.

The sixth and last suggestion was that she would no longer need her crutches as her foot was entirely well. The cure up to the present time is permanent.

I have in many instances employed normal suggestions, and always with gratifying results, and I briefly relate this case to demonstrate the superiority of normal over hypnotic suggestion, which I believe to be demoralizing in its effects, weakening the will power, which it is desirable to strengthen and cultivating a superstitious belief in an occult power which no man possesses.

These are the kind of diseases which are cured by the bones of saints, Christian scientists, magnetic healers, hypnotists, etc. I believe if the regular practitioners would study this class of nervous maladies, and realize the force there is in normal suggestion it would reduce the business of the charlatan.

I have demonstrated, to my own satisfaction at least, that normal suggestion, in properly selected cases, will accomplish brilliant results, and will not arouse the prejudice that exists against hypnotism, a method which I believe to be unnecessary, and which should be supplanted by normal suggestion.

The Quesiton of Treating the Poor Who Cannot Pay the Physician.

American Medical and Surgical Bulletin.

A few weeks ago a physician in Minneapolis, Minn., refused to attend an urgent call to see a patient that attempted suicide unless he received his pay in advance. As usual, popular indignation was aroused against the doctor, the daily *Times* of that city going so far as to call such a refusal "professional cussedness." While we think that the refusal to act in such a case was wrong, still we cannot help believe that most of the "cussedness" belongs to the men and women who expressed their indignation at the affair. But for their "cussedness" such a thing could not have occurred. Had they, as taxpayers, made arrangements so that any doctor could demand from the city, say, half his usual fee in all emergency cases, nothing of the kind could occur. Why should these people, that set themselves up as judges of the doctor, refuse to put their hands into their pockets and divide the fee by paying part of it themselves? Why ask the doctor to bear the whole of the burden and take the whole risk? Such cases not only demand time in which he might earn more money while waiting upon them, but in many instances they mean hours or days from his duty, acting as a witness in court. We venture to assert that the indignant ones would in their own line of business be less generous than the average medical man is in his, where a case of suffering presents itself. We should like to know whether the editor of the Minneapolis *Times* puts free advertisements into his paper for penniless and hungry men who are seeking work. Or does he permit them to commit suicide, and then speak of the doctor who imitates his example as a case of "professional cussedness?" Is the manager of the *Times* a "cuss" if he refuses free advertising to the poor?

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Topeka, Kansas, Saturday, July 10, 1897.

WE wish to suggest to some of our readers that we have too many outstanding subscription bills. We want you to read the journal, but we want you to pay for it also.

THE murder of Dr. L. A. Berger at Kansas City was a shock to the people and to the profession. Physicians are always liable to attacks of this sort. No matter what a man's reputation may be, no matter how carefully he may conduct himself it is not an unfrequent occurrence that he is accused of undue familiarity or some attempt upon the person of his lady patients. We, of course, know nothing as to the truth of the charge against Dr. Berger, yet there are so many chances of its being entirely false that it must strike every physician as an unpardonable outrage. We have no excuse whatever for the physician who would commit a rape upon his patient, but it is so strange a probability that he who would so sacrifice his business and honor must be crazy.

DR. MAGEE reports a most delightful time on his trip to the coast. He says the climate is very fine, but the doctors lack push.

THE catalogue of the Kansas Medical College will be out by July 15. Several changes have been made in the faculty.

Eastern Kansas Medical Society.

The regular quarterly meeting of the Eastern Kansas Medical Society will be held at Leavenworth, Tuesday, July 20, 1897.

Afternoon session, 2 o'clock:

Clinic at Ft. Leavenworth—Dr. Bannister.

Evening session, 8 o'clock:

The Relationship of the Pharmacist and the Physician—Prof. L. E. Sayre, Kansas State University.

Multiple Neuritis—Dr. M. P. Sexton.

A paper—Dr. Maggie McCrae.

Reaction of the Body Under Drugs and Disease—Dr. James A. Lane.

Mississippi Valley Medical Association.

The next meeting of the Mississippi Valley Medical Association will be held in Louisville on October 5, 6, 7 and 8, 1897.

All railroads will offer reduced rates.

The president, Dr. Thos. Hunt Stucky, and the chairman of the Committee of Arrangements, Dr. H. Horace Grant, promise that the meeting will be the most successful in the history of the association, and this promise is warranted by the well-known hospitality of Louisville and Kentucky doctors.

Titles of papers should be sent to the secretary, DR. H. W. LOEB,
3559 Olive St., St. Louis.

Surgical Peculiarities of the American Negro.

International Journal of Surgery.

In books written by travelers in Africa attention has been called to the remarkable vitality of the natives in surviving wounds and injuries which ordinarily would prove fatal in the white race, and under conditions far the reverse of hygiene and cleanliness. Several years ago Dr. Daubler, a practitioner in South Africa, reported in *Virchow's Archiv* several cases of severe traumatisms observed in negroes, in which healing was remarkably prompt, and the functional results unusually satisfactory. The outcome in these cases, which would have been quite unfavorable under the best hospital conditions in Europe, led him to believe that the influence of race played an important part in the reparative process. The view has also been expressed by physicians in this country that the American negro shared, to a certain extent, these peculiarities of his African ancestors, and evidence has been adduced in its support. This view, however, is now completely refuted by the very thorough and painstaking investigations of Prof. Rudolph Matas, of New Orleans. In a brochure on this subject, which we recently had the good fortune to receive from the author, he clearly points out that the North American negro, as he is at present known in the United States, is anthropologically, physiologically and pathologically different from his original African ancestors and from his uncivilized brothers on the west coast of Africa of the present generation. A residence of nearly three hundred years in the southern States of North America, in contact with the white man, and under the influence of civilization, has produced a marked change in the mental and physical organization of the negro. This change is evidently due to the combined influences of acclimitization and adaption to surroundings, and especially miscegenation with the white race. The author concedes that the general morbidity and mortality of the colored race was less than that of the white population in the South during the whole period of slavery and up to emancipation; but concludes that since the colored race has been thrown upon its own resources, its morbidity and mortality have enormously increased, and are now much greater than those of the white population. While the more typical African diseases are rapidly disappearing, the general liability of the negro to the common diseases of this country is rapidly increasing, so that many immunities which he formerly enjoyed have been lost, and new predispositions to disease have been acquired. There are no conditions, continues the author, which prevail exclusively in the colored race, any more than there are diseases which prevail exclusively in the white race. The differences, pathologically speakihg, that do exist between the white and colored population, lie only in their relative predispositions to some of the diseases that prevail in this country, and in their relative immunity from others. When viewed from the purely surgical operative standpoint, the white and the colored races are practically alike, especially when individuals of both races, taken from the same social environments, are compared. There are no apparent differences between the races on the operating table; the same technique applies to both equally as well, and often, especially in the matter of resistance to shock, the negro appears to better advantage than the white man. In the general and local reactions of the tissues to infection, there are some differences in the races. It is in the histogenetic tendencies of the tissues that we find the real surgical contrast between them. If we are to judge from this alone, the colored race reveals in this last particular a marked tendency to degeneration.

We have quoted liberally from the author because his information is not based upon an analysis of isolated cases, but upon a statistical study of the records of the Charity Hospital of New Orleans during the years 1884 to 1894. From these investigations we are therefore warranted in concluding that the race of the patient plays little or no part in the prognosis of surgical operations,

except in so far as it is influenced by degenerative tendencies due to the hygienic, social and moral environment.

Red Gum Gargle.

Joseph W. England, Ph.G., in the Philadelphia Polyclinic.

Although the employment of gargles has greatly diminished with the advent of the atomizer, yet there are certain relaxed and inflammatory conditions of the mouth and throat in which there use is of undoubted value. Some of the advantages possessed by them over sprays is that they are more readily used by the patients themselves, and, covering a larger area at one time, they bring a larger quantity of the medicament in contact with the mucous surfaces. As a rule, gargles contain astringent and disinfecting inorganic compounds—such as alum, borax, zinc sulfate, potassium chlorate, etc.; a tannin-containing vegetable astringent—such as fluid extract of sumach, etc.; in some cases a local stimulant—such as ammoniated tincture of guaiac, flavored with honey or syrup. The writer originated the following formula a year or more ago, and has found the product made by it very serviceable.

Take of

Potassium chlorate, 120 gr.
Boiling water, 4 fl.oz.
Powdered alum, 60 gr.
Stronger rosewater, 2 fl.oz., 5 fl.dr.
Glycerin, 4 fl.dr.
Syrup, 4 fl.dr.
Fluid extract of eucalyptus rostrata (red gum) 3 fl. dr.

Dissolve the potassium chlorate in the boiling water, cool and reserve. Dissolve the alum in the stronger rose water, add the glycerin, syrup, and fluid extract of red gum in the order named, and then add this to the reserved portion.

The product is a transparent ruby-red liquid, of a very agreeable odor and taste. To use, take a tablespoonful, add an equal volume of water, and gargle every three or four hours, or more often if required.

It is a singular fact that fluid extract of red gum has not been received with more favor by the medical profession than it has. It possesses many advantages over other vegetable astringents; unlike sumach and catechu, its liquid preparations remain clear on dilution with water, and what is more important, the astringency it exerts on mucous surfaces is peculiarly persistent. Stronger rosewater is double the strength of the usual rosewater, and gives, of course, a correspondingly stronger flavor of rose to the gargle. Possibly it might be of advantage, in some cases, to flavor the gargle with a few drops of oil of gaultheria (added directly to the boiling water used to dissolve the potassium salt) in place of the rosewater, but as a flavor gaultheria is less popular than rose, although, of course, it is better from an antiseptic viewpoint.

Vaginal Incision for the Treatment of Pelvic Inflammatory Conditions.

Synopsis of a paper by E. E. Montgomery, A.M., M.D., Philadelphia, Pa., read before the Philadelphia State Medical Society, in the American Journal of Surgery and Gynecology.

The route by which pelvic disease shall be attacked is one which especially occupies the attention of the gynecologist. The advantage of the supra-pubic incisions are that through a straight incision the pelvic organs are exposed to sight and touch, the dissection can be more complete, and greater security against accidents and hemorrhage obtained. The disadvantages are the longer, more painful convalescence, more radical procedure to meet certain indications, drainage against gravity, infection of sutures, abdominal scar and possible hernia. The The vaginal incision permits the pelvis to be explored, pus cavities in the broad ligament evacuated, tubal collections evacuated through the broad ligament without opening or soiling the peritoneal cavity. The uterus, ovaries and tubes may be removed where the disease is bilateral, and drainage is from the most dependent portion of the pelvis.

Few would assert the necessity for sacrifice of ovaries and tubes, because they were

offending only by being situated near a pus collection. Nor does it seem wise that the peritoneal cavity should be soiled by a pus collection that can be emptied by an incision through the vagina.

In acute inflammation of the pelvic cellular tissue, where serous and plastic exudate is extensive, vaginal incision and drainage affords an opportunity to anticipate suppuration and free the patient from its dangers and remove the exudate before its organization.

While vaginal incision through the anterior fornix has been done for the removal of one appendage, and also for vaginal fixation, I do not believe it so satisfactory as would be the abdominal incision. The form and extent of the vaginal incision will depend upon the situation and character of the disease. In all cases of drainage a free incision should be made. It is a mistake to make too small a puncture. The finger should enter and be used to break up adhesions, and ascertain the presence of pus collections. All pockets which can be discovered should be opened, irrigated and packed with gauze. Any operation should be preceded by rigid asepsis.

The vaginial incision may be used for exploration in collections in the pelvis from rupture of tubal gestation, and formation of hemotocele for pus and serous collections in the posterior cul-de-sac. Pryor has lately suggested incision through the posterior fornix in retrodisplacements with extensive adhesions. The adhesions are broken up, the uterus tilted forward and kept in place by a mass of gauze behind it, while another in the vagina pushes back the cervix.

Conservation in Nasal Surgery.

Dr. Scheppegrell in an Editorial in the Laryngoscope writes on this subject as follows:

The too frequent surgical interference with the nasal turbinates in rhinologic practice of recent years is partially due to a defective knowledge of the pathology of the region involved. The turbinates of the nose are the *locus minoris resistentiae;* perhaps even the *safety valves* of functional disturbance in many other parts of the body. It is the scapegoat which exhibits the results of unhygienic surroundings, faulty diet, lack of exercise and intemperance and forms a complication in most of the exanthemas and a large number of functional and organic derangements of other organs of the body.

The necessity of proper nasal respiration was impressed upon the rhinologic student, without, however, sufficient importance being laid on the relation of this mucous membrane to other conditions of the body. The most direct method therefore of restoring an obstructed respiration appeared to be the removal of the obstruction. Where this is a deviation or thickening of the septum, a tumor or a true hypertrophy, the principle is correct. In the majority of cases, however, the obstruction is simply a passive congestion or hyperemia, and the removal of this by the electro-cautery or other means gave simply temporary results. The same causes which produce the original lesion still existed and caused a prompt return of the obstructed breathing. On account of this rapid return in many cases, a radical measure was at last suggested—turbinectomy—the total removal of one of the important portions of the nasal organ. This operation of course, affords a passage for the air; but the total extirpation of the turbinate, while removing an obstruction, also removes an important factor required for obtaining the benefits of the operation. The injurious effects are due not only to the loss of so large a portion of the nasal mucose, which plays so important a role in respiration, but also to the fact that the physical conformation of the nostrils has been altered. The removal of the turbinate increased the calibre of the nostril operated upon, which thus received a larger portion of the respired air; but instead of having its functional capacity increased for this double duty, it has been handicapped by the removal of a considerable portion of the mucous membrane required for this purpose.

This radical measure, however, was not without its good results; it was the signal of the reaction; and now there is hardly a

meeting of a prominent laryngological society in which papers advocating greater conversatism in rhinologic practice are not presented. Such articles will stimulate the rhinologist to examine more closely into the pathology of the region involved and will cause him to remember that the nose is not an isolated organ, but forms a part of the complex system, each organ of which is, to a certain extent, dependent upon the other, and that the normal condition of one is dependent upon the normal condition of the remainder. With a true understanding of this principle, the results will be such as to react to the benefit of the patient and to the reputation of the specialist.

Tetanus Antitoxin.

J. W. Cokenower, M.D., in American Journal of Surgery and Gynecology.

One by one the diseases which have hitherto defied the skill of physicians are yielding to the persistent attacks of modern science. Since the successful treatment of diphtheria by subcutaneous injections of antioxin serum was demonstrated, it has been confidently predicted that sooner or later all diseases resulting from the action of a poison secreted in the blood by a special and characteristic bacillus would be conquered by similar means. Tetanus has its characteristic microbe, which has been recognized, isolated, described and reproduced by artificial culture. The distinguishing symptom of tetanus is a persistent spasmodic spasm of the voluntary muscles aggravated by light, noise, or other disturbing influences to which the patient may be subjected. These spasms may affect any muscular portion of the body, but when, as is often the case, the maxillary muscles are principally involved, the result of the malady is usually known as "lockjaw."

I was called December 20, 1896, at 8 o'clock p.m., to No. 1545 Twentieth street, Des Moines, to see John Wilburg, age 46, who was suffering with, as they supposed, neuralgia of the head and neck. I proceeded at once to get the history of the case, as well as that of the patient, and found that he was of German descent, and had never been sick in his life, so far as he knew, save an injury or two received a few years ago, from which he had entirely recovered; but aside from this, had always enjoyed the best of health. He was married, and had four healthy children, and from his story I could find no cause for the supposed neuralgia of the head, except exposure a few days previous. However, upon further inquiry, I ascertained that upon December 10, he let a brick fall, striking upon the great toe of the left foot, producing a discoloration of a portion of the nail and a slight abrasion of the skin on the dorsal portion of the same toe, which did not give him much pain at the time, and caused no inconvenience in the future, and he continued his work the same as before, not thinking the injury sufficient to give it any attention whatever; but upon the following Saturday, December 18, he fell from the roof of his barn, a distance of about twelve feet, resulting simply in a general "shake-up," without any injury whatever, and even this did not prevent him from continuing his avocation as before. Upon close inquiry I succeeded in eliciting the fact that he had been having a stiffness about the neck, and difficult deglutition for two or three days past, a fact that he did not think worthy of attention, and simply, in his opinion, was the result of exposure incident to his vocation, that of hauling brick, but in reality, in my opinion, was the beginining of what ultimately proved to be the end.

Upon a closer examination of the patient, I found a pulse of 120 and a temperature of 102, with spasmodic pains, the body assuming the position of opisthotonos, no part touching the bed, except the heels and head, the arch being that of nearly a semicircle, producing typical tetanic spasms, spastic messeters, with trismus, diminution of the visual angle, and appart permanent spastic contraction of orbicularis palpebrarum muscle, with difficult deglution and irregular respiration. The pain was not constant, but came periodically, and with it the spasm incident to tetanus. I informed

the family that, in my opinion, the case was of tetanus or lockjaw, caused by the injury to the great toe, December 10, which very much surprised them and their friends because it seemed that they had heard or knew enough of the disease to know what it meant. I gave him nerve sedatives and anodynes for the night, and called the next morning, December 21, at 8:30. Found no material change in the patient from the evening before, save that the respirations were made with more difficulty, and the temperature 101 and the pulse 140. I realized the severity of the disease, and, also, that in reality the beginning of the first symptoms of the disease could be dated as far back as Friday, December 18, so that there has been three and a half days elapsed since that time. I advised the family to have consultation, and Dr. Lewis Schooler was called, and confirmed my diagnosis, and was of the same opinion as myself, that if anything would stop the ravages of the disease it would be tetanus serum, and we even doubted the effectiveness of this treatment on account of the lateness of its beginning, there having been almost four days transpired since the introduction of the disease. I secured forty cubic centimeters of tetanus antitoxin or serum, and at 4:30 p.m. gave subcutaneously four cubic centimeters, but not without first giving the patient chloroform inhalation to quiet the spasms produced by any noise or touching of the patient.

Perhaps it would not be out of place here to state that in using the serum I asepticized the field of operation, as well as the Mulford syringe used, and was careful to not permit any air to enter the syringe or serum, and after using covered the surface with aseptic gauze, retained with adhesive straps. At this time the spasms were occurring seventy-five per hour when the patient was not under the influence of chloroform. I had taken the precaution to have the patient's bowels to move freely, after which gave food or cod liver oil, beef tea and egg per enema every six hours, and when the patient was unable to retain food given in this way I resorted to feeding by means of absorption of olive oil and quinin, administered through the medium of a saturated cloth around the body, covered with oiled silk, as deglutition was impossible without aggravating the spasms, and the teeth being firmly set. Realizing that whatever effect I got from the serum would not be instantaneous, I gave hypodermic one-fiftieth grain physostigmin, with a half grain of morphin hypodermically, which was repeated every three hours, or as much oftener as was necessary to control the spasms and produce some sleep.

December 22, at 8:30 p.m., I called and found no material change in the patient from the preceding evening, save the spasms were not quite so frequent, a fact which I accredited to the persistent use of the physostigmin. I gave at this time six cubic centimeters of tetanus serum, and in four hours ten more, making twenty that had been given up to this time. After the last injection given of the serum the patient remarked: "My jaws feel more limber, and my neck not so stiff." Believing that I was getting some results from the use of the serum, I determined to push it, and secured another bottle of serum containing twenty cubic centimeters, and gave it in two administrations, six hours apart, during and after which the patient seemed to be convalescing; the spasms now instead of being seventy-five were not more than ten per hour, and even then not anything like so severe, and we felt that there was some hope; but there being a question in my mind as to the advisability of using more serum, and not being able to secure it even if I did, it was all that the case was given, and the patient seemed to be improving slowly with normal temperature, and a pulse of 100, and respiration of 30, but somewhat irregular, due to the spasms. This condition of affairs continued without any marked variation until Thursday morning, December 24, when there was a turn for the worse, and the spasms were increasing in number and severity, and the outlook was anything but favorable. I am satisfied that had I had forty cubic centimeters more of serum at my command, I should have made use of it.

This, however, I did not have, and all that was left to be done was to quiet the spasms with inhalations of chloroform and antispasmodics, which I did until the end came at 2 o'clock a.m., December 26.

My experience with tetanus serum in this case has been sufficient to convince me beyond a doubt that when it is used aseptically, plentifully and timely, we may expect good results from it, because in this case, even after four days had elapsed from the onset of the disease, the result from its use while being used, and for a limited time afterward was entirely satisfactory, and the result so marked that even the family and friends noticed the marked improvement in the case; the respirations were better, the deglutition became possible but in a limited degree, and the heart's action was better and continued to be so, and the patient's intellect seemed to be improved; hence, I have no hesitancy in saying that there is a field of usefulness for tetanus serum in this dreadful malady, and no physician should hesitate to give it a trial upon the least provocation. The experience that I have had with tetanus has fully aroused me to the importance of prompt and immediate action, and in all cases where there is any danger of this malady, and whenever there is an injury to any part of the body that is liable to procure it, shall subsequently govern myself accordingly, and give the serum as the best known prophylactic treatment.

Chronic Gastritis.

New England Medical Monthly.

Prof. A. T. Webster, M.D., of San Francisco, in a recent publication, discusses chronic gastritis and its treatment. After a careful *resume* of the etiology and pathology of the affections, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

"The use of the stomach-tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids are present with a large quantity of mucus. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functionat dyspepsia it will have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the character of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer, a diagnostic feature is frequent hematemesis."

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer, or hepatic, renal, or pulmonary disease. His treatment consists in lavage, disinfection and cleansing of the viscus with hydrozone, Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used at first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6 F.) and solutions containing Glauber's salt, asepsin or boracic acid are often useful. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an innovation of remarkable value. A drachm of Marchand's hydrozone, added to four ounces of boiled water, and drunk while the stomach is empty exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage."

The hydrozone may at first produce acrid sensations in the stomach, but as the irritated gastric surface improves in tone under its influence, this will pass away and sensitiveness to its action will subside. Where

necessary the amount of hydrozone may be reduced until the stomach becomes more tolerant to it.

The important step in chronic gastric catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from the ropy mucus, which clogs the glandular organs, and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals prevents fermentation of food and accelerates a cure.

If the treatment outlined above be properly carried out, the writer believes that little more is necessary, for which the removal of morbid accumulations the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach tube and the disinfection of the mucous membrane of the stomach with hydrozone.

Protonuclein in Tic Douloureux and Other Affections.

Lucien Lofton, M.D., Atlanta, Ga., in the Atlanta Clinic.

Several months ago I began experimenting with protonuclein, a compound which came highly recommended by scores of good men in the profession.

At first I had little, if any, confidence in the preparation, and after using it awhile, my proof seemed conclusive; but giving the benefit of the doubt to the drug, I persisted in its use, and to say I am thoroughly convinced now of its therapeutical reliability, expresses my feelings mildly. In a number of localized tubercular affections I used the drug freely, both internally and externally. My failure in the two or three instances is, I believe, due to the class of patients treated, which were negroes. The proverbial profligate nature of the average negro is well established, and relying upon the various statements made by them as to carrying out directions, etc., I must attribute the seeming inefficiency of protonuclein to this source.

Protonuclein is administered internally as a tablet, containing three grains, while it is applied externally as a dusting powder, or may be used for insufflating purposes. It is also used hypodermically where it is impracticable to give it otherwise.

Reed & Carnrick, the manufacturers of this preparation, issue specific instruction as to its administration.

Protonuclein is indicated in all forms of wasting processes, anæmia, indigestion and in the various nerve affections, and as a general tonic and blood elaborator. Its now well recognized influence in establishing the white blood corpuscle to its normal usefulness in the economy, bespeaks its place in scientific medicine.

I wish to append a few scattering cases in which protonuclein has been used by me within the past few months:

L. W., white, age 53, a citizen of Atlanta, and a merchant, had been affected with a facial neuralgia, a typical tic, off and on for the past three years. He had nearly his entire upper teeth removed, hoping to secure relief, but in every instance failed. He resorted to a change of climate and a different mode of life, in despair. He was given innumerable anodyne preparations, which only relieved him while under their narcotic effect. His physician tried massage and electricity with no better result. When I saw him he appeared a physical and mental wreck. Tears flowed incessantly, and his face appeared crumpled and distorted. He sat ill at ease, and looked haggard and in a state of continual fear. I was fortunate enough to see the patient have several attacks. He would jump as if startled and some hidden force had moved him; look steadily in one direction for a moment, and appear to almost lose consciousness. His eye would twitch and snap with convulsive effort, while his frame appeared cold and clammy, pulse being weak and indifferent all the while. Atropine and iodide of potash proved the rule of former drugs. An operation for resection of the nerve was advised, but this naturally was not taken to at once, but the man's suffering becoming so great, and his general health getting in the descendency so rapidly, he felt it was

the only recourse. Just at this junction three-grain tablets of protonuclein were tried, one tablet being given every two hours. After a trial of two days the man's appearance was that of a different person. His tic was gone. His appearance buoyant and full of hope, and his heart was full of gratitude. This was six months ago. The protonuclein was continued two weeks, and the man is now in a perfect state of health, without a sign or symptom of his former trouble.

J. L., white, age 67, a sufferer from acute attacks of indigestion, with fainting spells accompanying the trouble. The various antidyspeptic remedies were tried at times, but gave only moderate relief; the trouble, however, after a free purgation, would disappear. The patient eats most anything with impunity now, and if the slightest uneasiness occurs as the result of undigested food, he takes a tablet of protonuclein, and experiences relief. It may here be stated his general health is daily improving.

Mrs. C. G., a married lady in her second pregnancy, some three months ago was a great sufferer from nausea and vomiting, with little or no appetite. She was given three-grain protonuclein tablets for three days, and is now experiencing first-class health.

I could relate several more cases of equal importance, but this will suffice for the present. To administer a drug intelligently is quite a task in some instances. If I had not persisted in using and studying the therapeutic action of protonuclein, I, like many who have tried other new remedies, would have perpetually condemned it. I feel a careful, practical consideration of this drug will prove what I have said.

I have had an ususual influx of cases of late requiring your pharmaceutal preparations. I have used your Bromides for tinnitus aurium with excellent effect, by pushing it in double doses. I am using the Iodides on a man from Allen county, Kas., with chronic trachoma and pannus. He is well broken out, and says his sight is much clearer when most erupted; also, on a case in this city of plastic iritis, with much effusion and haziness of the cornea—the Iodides have done wonders for the young man. He was totally blind for three months, but now sees to read, and is now serving as office boy for me.

I am also giving the Iodides to a lady suffering from atropoic rhinitis. She says she feels a hundred per cent better in every way since commencing the medicine.

My faith in your preparations has been strengthened immensly since these cases have been presented that enables me to personally see the effects of them. The Elixir Six Iodides is worth its weight in gold.

WM. CLARENCE BOTELER, M.D.,

U. S. Indian Service. Late Prof. of Disease of the Eye and Ear, N. W. College, St. Joseph, Mo., and Prof. of Ophthalmology, College of Physicians and Surgeons, Kansas City, Kas.

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